if so, the details thereof and the action taken thereon?

THE MINISTER OF STATE IN THE DEPARTMENTS OF EDUCATION AND CULTURE IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT (SHRI L. P. SHAHI); (a) and (b) Some complaints have been received against the Principal of Kendriya Vidya-laya, Jorhat alleging misbehaviour with ladies and girls-students, misuse of funds, etc.

(c) The Assistant Commissioner of Sil-char Region has been asked to look into the complaints.

Arrest made in Connection with "Kanishka Crash"

2315. SHRI MOSTAFA BIN QUASEM: Will the Minister of CIVIL AVIATION be pleased to state;

(>a) whether Government have arrested any person in connection with Air India 'Kanishka crash*; and

(b) if so details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF LABOUR (SHRI IAG. DISH TYTLER): (a) No, Sir.

(b) Does not arise.

Failure of Anti-Malaria Programme

2316. SHRI KRISHNA KUMAR BIRLA:
SHRI MOSTAFA BIN QUASEM:
DR. R. K. PODDAR.

Wfll the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that according to the mid-term appraisal the anti-malaria programme has proved to be ineffective and that there has been marked increase in the number of malaria cases in certain. States;

(b) if so, what is the percentage of in crease in the number of malaria cases (with names of the States) where anti-ma laria programme has proved to be ineffec tive and by what percentage cases in the States have come down during the last one year;

(c) what are the deficiencies identified in the implementation of anti-malaria programme where malaria cases have risen stating the percentage of the allocation actually spent on the implementation of the programme by the States where cases have risen; and

(d) what corrective measures are contemplated by the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) The Modified Plan of Operation for control of Malaria is in operation since April 1977. An extensive control measure undertaken under this plan has resulted in bringing down the incidence of Malaria to 1.48 million cases in 1987 against 6.47 million oases reported in 1976. However there have been increase in number of malaria cases in certain states. The mid-term appraisal has been made by the Planning Commission in 1987 and it has not revealed any ineffectiveness of the plan. However, certain operational problems in the implementation of the programme have been pointed out in some states.

(b) Requisite information is given in the enclosed statement. (See below).

(o) The deficiencies identified in the implementation of anti-malaria program m* where malaria cases have risen are lack of adherence to schedule spraying bio-logice' resistance of ventors to insectis-ides and parasite resistance to chloroquine in some cases.

The percentages of allocation actually spent for the Implementation of the programme are given in the statement. *(See* Appendix CXLV, annexure No. 84)

(d) Tlie following steps are being taken to streamline the implementation of the programme:

(i) Regular monitoring of the P. falciparum sensitivity to chloroquine and feed back to states to take timely steps to tackle the P. falciparum resistance wherever it is detected.

(ii) Regular monitoring of the epidemiological situation for effective control of the disease.

(iii) Regular monitoring of the vector suscentibility to different insecticides for undertaking spray operation with the appropriate insecticides.

(iv) A macro and micro level malariogenic stratification of the country based on the various parameters is being worked out.

(v) Health education and publicity measures have been intensified.

Statement

StatesjU.Ts reporting increase and decrease in 1987 *as compared to* 1986.

Name of the State/U.Ts.	% Increase	% Decrease
1	2	3
Andhra Pradesh	22.78	
Arunachal Pradesh		24.49
Assam		44.34
Bihar		48.11
Haryana		69.77
Himachal Pradesh		46.70
Goa	1011.78	
Gujarat	63.02	
Jammu & Kashmir		72.40
Karnataka	38.83	
Kerala	11.53	
Manipur		39.03
Madhya Pradesh	85.30	
Meghalaya		17.25
Mizoram		22.39
Maharashtra	20.61	
Nagaland		22.28
Orissa		24.31
Punjab		50.24
Rajasthan	24.16	
Sikkim		22.28

1	2	3
Tamil Nadu		2.36
Tripura		37.55
Uttar Pradesh		45.66
West Bengal		21.29
Andaman & Nicobar Island		0.15
Chandigarh		37.05
Delhi		46.97
Pondicherry		3.35
Dadra & Nagar Haveli	33.54	

Fake medical degrees and diplomas

2317. SHRI B. SATYANARAYAN RBDDY:

SHRI HARVENDRA SINGH HANSPAL :

SHRMATI SURYAKANTA JAYAWANTRAO PATIL: SHRI RASHEED MASOOD;

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a large number of organisations were issivsing fak© medical degrees|diplomas; and

(b) if so, what are the detail, thereof and what action Government are contemplating to take against such organisations to prevent such practice and prohibit unauthorised institutions awarding degr:es diplomas etc ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMAR1 SAROJ KHAPARDE) : (a) It has been brought to the notice of Government that some organisations in various parts of the country are issuing fake medical degrees.

(b) As and when complaints are received by the Government of India, ftc State Government or the Union Territory concerned is asked to take necessary action against such organisation? under the law. So far as ftie information is available with the Government of India, a statement indicating the names of such organisation and the action taken by the Government rs attached .

Statement

S. No.	Name of the organisation	Action taken by the Government
1	*2*	3
1.	The Society for Aavanced Studies tn Medical Sciences. Delhi.	The Delhi Administraiion has been requested to taki necessary action.
2.	Delhi Health & Hygiene Syndicate (Regd.). New Delhi.	Do.^